

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46588

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 319

Primary Registration District No. 541

Registrar's No. 3207

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clayton</b>				c. CITY OR TOWN <b>Clayton 4442</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>925 So. Bemiston</b>				Length of stay in lb <b>17 Years</b>		d. STREET ADDRESS (If outside, give location) <b>925 So. Bemiston</b>	
3. NAME OF DECEASED (Type or print) First <b>LEILA</b> Middle <b>NAOMI</b> Last <b>JOHNSON</b>				4. DATE OF DEATH Month <b>December</b> Day <b>18</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 6, 1895</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		9. AGE (In years last birthday) <b>62</b>		11. BIRTHPLACE (City and state or country) <b>Bangert, Missouri</b>	
13a. FATHER'S NAME <b>Ryland Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Condray</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey M. Johnson</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>443X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>6:50</b> Month, Day, Year <b>Feb 1954</b> a.m. <b>AM</b> p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>			
21. I attended the deceased from <b>Feb 1954</b> to <b>Dec. 18, '57</b> and last saw her alive on <b>Dec. 18, '57</b> Death occurred at <b>6:50 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>Lee B. Harrison M.D.</b>			
22b. ADDRESS <b>1755 So. Grand</b>				22c. DATE SIGNED <b>12/18/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 20 '57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Park Cemetery</b>		23d. LOCATION (City, town, or county), (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ambruster Mortuary, 6633 Clayton Rd.</b>				25. DATE RECD. BY LOCAL REG. <b>12-18-57</b>			
26. REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>				27. REGISTRAR'S SIGNATURE <b>MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

asc

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Frederick J. Hammer

Licensed Embalmer No. 4788

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.